



# Request for Funds & Expert Services

Office of the Federal Public Defender

Eastern District of Virginia

TO: _____	DATE: _____
FROM: _____	FPD Case _____
CLIENT: _____	VAE Case _____

This is a supplemental request

Date of original request \_\_\_\_\_

STATUS: \_\_\_\_\_ JURISDICTION: \_\_\_\_\_

CHARGE: \_\_\_\_\_

SERVICE REQUESTED: \_\_\_\_\_

IF OTHER, PLEASE SPECIFY: \_\_\_\_\_

## EXPERT INFORMATION - PLEASE FILL OUT ALL FIELDS

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

SSN # / EMPLOYER ID # \_\_\_\_\_

DESCRIPTION OF REQUESTED SERVICE (Include dates, quantities, and specific requests of the expert, such as reports, testimony, or consults)

The person named above is a qualified expert in this subject matter of field, pursuant to the criteria set forth in the *Guide* and qualifies as an "expert" under 5 U.S.C. § 3109. *Guide*, Volume 14, § 520.15

## JUSTIFICATION FOR OBTAINING SERVICE

# OF UNITS REQUESTED

RATE

UNIT

TOTAL

## Travel

Administrative Officer has been contacted and travel is authorized:

(It is not necessary to gain approval for regular interpreter services that are greater than 30 miles from expert's normal work area)

Expected Travel Costs: \_\_\_\_\_

**GRAND TOTAL**

(Notify traveler that reimbursement will only be approved for government rate, it is the travelers responsibility to stay within this rate. If traveler encounters problems obtaining government rate, please notify AdO)

I, the Federal Public Defender (FPD), have reviewed and authorize this expenditure of funds

Leave Blank for Financial Officer

FPD Signature: \_\_\_\_\_

Purchase Order # \_\_\_\_\_